



ECPTOTE Data Product Descriptions

The Act & Rules are available to purchase or download for free from the website.

If you buy a copy of the PT Board or OT Board Act and/or Rules, we will be downloading and printing them from the website for you.

PT Board Rules **\$10.83 (customers within TX)** **\$10.00 (customers outside TX)**

As mandated by the Practice Act, the PT Board adopts rules to govern the practice of physical therapy in the State. Rules are adopted, changed and repealed in response to developments in physical therapy practice, administrative changes, or legislative mandates. The rules are established as minimum standards, to ensure that the public is adequately protected.

OT Board Rules **\$10.83 (customers within TX)** **\$10.00 (customers outside TX)**

As mandated by the Texas Occupational Therapy Practice Act, the OT Board adopts rules to govern the practice of occupational therapy in Texas. New rules, amendments to existing rules, and rule repeals are adopted in response to developments and trends in occupational therapy practice or when mandated by legislative action. The rules establish a minimum standard, ensuring that the public is adequately protected from poor practice and unethical practitioners.

PT Board Acts **\$10.83 (customers within TX)** **\$10.00 (customers outside TX)**

The 62nd Texas Legislature enacted the Physical Therapy Practice Act in 1971. The Act has been revised many times in the years since; most recently in 2013. All rules adopted by the Board are based on the Act.

OT Board Act **\$10.83 (customers within TX)** **\$10.00 (customers outside TX)**

In 1983, the 68th Texas Legislature passed Senate Bill 1213 enacting the Texas Occupational Therapy Title Act (Vernon's Texas Civil Statutes, Article 8851). Senate Bill 690 was passed by the 73rd Texas Legislature in 1993, creating the Executive Council of Physical Therapy and Occupational Therapy Examiners. The OT Board was renamed the Texas Board of Occupational Therapy Examiners (TBOTE), and the OT Title Act was changed to the Texas Occupational Therapy Practice Act. The most recent Act change was adopted by the Legislature in 2011.

MAILING LISTS

An electronic list sent via email is the most economical way to get licensee data. The lists contain all physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants who are licensed in Texas, residing both in and out-of-state in an Excel spreadsheet.

STANDARD LIST contains: licensee's full name, address of record, license type, license #, license status, email address, license issuance date, license expiration date. **\$178.61 (customers within TX)** **\$165.00 (customers outside TX)**

FACILITY LIST contains: facility name, physical address, phone number, email address, registration number, registration type, registration issuance date, registration expiration date. **\$178.61 (customers within TX)** **\$165.00 (customers outside TX)**

OTHER

The following lists can be customized according to zip codes or cities provided by the customer in numerical or alphabetical order.

(NOTE: Please contact agency for total # of pages. Paper listings and labels are mailed out only.)

Labels contains: licensee's full name and address of record on 8 ½ x 11 sheet – 30 names per sheet. If less than 10 pages, the shipping charge is waived.

If a licensee list has been purchased within 30 days, there is no standard listing fee associated with the cost.

Paper Lists contains: licensee's full name and address of record on 8 ½ x 11 sheet – 30 names per sheet. If less than 50 pages, the shipping charge is waived.

CUSTOMIZATION: **\$259.80 (customers within TX)** **\$240.00 (customers outside TX)**

Customization is available. Additional fields include: **gender, ethnicity, graduation date, school issuing professional degree, business or employment information.** Please select up to 3 fields only.

Facility lists can be customized to include the **Therapist-in-Charge**.

Additional Lists: New licensees only. **\$178.61 (customers within TX)** **\$165.00 (customers outside TX)**
(Please include issuance date & expiration date.)



Executive Council of Physical Therapy & Occupational Therapy Examiners

333 Guadalupe, Suite 2-510

Austin, TX 78701

Phone: (512) 305-6900, Fax: (512) 305-6951

www.ptot.texas.gov

Data Products Order Form

INSTRUCTIONS

⇒ Please complete this form in its entirety and then mail to ECPTOTE with payment in full to the address listed above.

⇒ File(s) sent via e-mail, will be sent within 24 hours from the receipt of your payment. Please call to check your order status if you have not received it. **CREDIT CARDS ARE NOT ACCEPTED AT THIS TIME.**

Make all checks or money orders payable to: **ECPTOTE. ALL SALES ARE FINAL - NO REFUNDS.**

⇒ If you have any questions call: Randy Glines, (512) 305-6969 or e-mail: randall@ptot.texas.gov

<u>ITEM</u>	<u>UNIT PRICE</u>		<u>QTY</u>	<u>TOTAL</u>
	<i>TX purchaser/customer</i>	<i>Non-TX purchaser/customer</i>		
OT Board Rules	\$10.83	\$10.00	_____	\$ _____
PT Board Rules	\$10.83	\$10.00	_____	\$ _____
OT Board Acts	\$10.83	\$10.00	_____	\$ _____
PT Board Acts	\$10.83	\$10.00	_____	\$ _____

LISTS (Texas Purchaser/Customer)

(Check all that apply)

	<u>Standard</u>	<u>Customization</u>	
___ PT/PTA	\$178.61	___ \$259.80	Add fields: _____
___ OT/OTA	\$178.61	___ \$259.80	_____
___ Both Professions	\$357.23	___ \$519.60	_____
___ Facilities	\$178.61	___ \$259.80	_____

LISTS (Non-Texas Purchaser/Customer OR tax-exempt entity)

(Check all that apply)

	<u>Standard</u>	<u>Customization</u>	
___ PT/PTA	\$165.00	___ \$240.00	Add fields: _____
___ OT/OTA	\$165.00	___ \$240.00	_____
___ Both Professions	\$330.00	___ \$480.00	_____
___ Facilities	\$165.00	___ \$240.00	_____

LABELS

☐

PT/PTA

☐

OT/OTA

☐

Facilities

Standard cost + \$.60/per page + .0825% sales tax (purchasers/customers within TX) + \$25.00 shipping fee

PAPER LIST

☐

PT/PTA

☐

OT/OTA

☐

Facilities

Standard cost + \$.20/per page + .0825% sales tax (purchasers/customers within TX) + \$15.00 shipping fee

SHIPMENT METHOD:

☐

E-Mail

☐

CD

☐

UPS/FED EX Account: _____

(Please check appropriate box)

(Please provide your account #)

COMPANY/CLIENT NAME: _____

ADDRESS: _____

(Address)

(City)

(State)

(Zip Code)

PHONE #: () _____ FAX: () _____ EMAIL: _____

PAYMENT AMOUNT ENCLOSED: \$ _____ SIGNATURE: _____